

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

This declaration is of the following type: (check one)

```
[X] original
[ ] design
```

(check one, if applicable)

<input type="checkbox"/> national stage of PCT	<input type="checkbox"/> divisional
<input type="checkbox"/> supplemental	<input checked="" type="checkbox"/> continuation
	<input type="checkbox"/> continuation-in-part (CIP)

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

HOLLOW CURVED SUPERELASTIC MEDICAL NEEDLE AND METHOD

the specification of which:

- (a) ☐ is attached hereto.
- (b) ☒ was filed on July 22, 2002 as ☒ Serial No. 10/201,112.
or ☐ Express Mail No., as Serial No. not yet known.
and was amended on _____ (if applicable).
- (c) ☐ was described and claimed in PCT International Application
No. _____ filed on _____ and as
amended under PCT Article 19 on _____ (if any).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation in part application.

FOREIGN PRIORITY CLAIM

[] I hereby claim foreign priority benefits under Title 35 U.S.C. §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application(s) which designated at least one country other than the United States of America, listed below and have also identified below any foreign application(s) for patent or inventor's certificate, or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) ☒ no such applications have been filed.
(e) ☐ such applications have been filed as follows

COUNTRY	APPLICATION NO.	DATE OF FILING (month, day, year)	PRIORITY CLAIMED UNDER 35 USC 119 <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFIED COPY ATTACHED? <input type="checkbox"/> YES <input type="checkbox"/> NO
---------	-----------------	--------------------------------------	--	---

CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)

☒ I hereby claim the benefit under Title 35, U.S.C. 119(e) of any United States provisional application, or under 35 U.S.C. §120 of any United States application(s) or PCT international application(s) designating the United States of America that are listed below.

U.S. APPLICATIONS

Serial No.	Filing Date	Status
09/668,067	September 22, 2000	Patented
09/457,844	December 09, 1999	Pending
60/111,624	December 09, 1998	Abandoned
60/130,597	April 22, 1999	Abandoned

PCT APPLICATIONS DESIGNATING THE U.S.

PCT Application No.	PCT filing date	U.S. Serial Nos. assigned (if any)	Status (patented, pending, abandoned)
---------------------	-----------------	---	--

POWER OF ATTORNEY

As the inventor, I hereby appoint the following attorney, with full power of substitution and revocation, to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

NEIL D. GERSHON, Reg. No. 32,225 of Rex Medical, L.P., 585 County Line Road, Radnor, PA. 19087

I hereby give Mr. Neil D. Gershon or his duly accredited representative power to inspect and obtain copies of the papers on files relating to this application.

Send All Correspondence To:

Direct Telephone Calls To:

Neil D. Gershon
Chief Patent Counsel
Rex Medical
2023 Summer St.
Suite 2
Stamford, CT. 06905


Neil D. Gershon
(203) 348-0377 (phone)
(203) 348-0395 (fax)

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 35 U.S.C. 1001

- and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor: James L. McGuckin, Jr.
Inventor's signature 
Date 9/26/02 Country of Citizenship U.S.A
Residence 585 County Line Road, Radnor, PA 19087
Post Office Address (same as above)